



# DNR Lease to Beginning Farmer Program 2019 IADD Certification

**DEADLINE: DECEMBER 1, 2019**



Name of Beginning Farmer \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name of Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

## CERTIFICATIONS OF BEGINNING FARMER

(To be completed by beginning farmer/s)

In submitting this request, I, the undersigned Beginning Farmer, have read the following statements and hereby certify and agree that:

1. I will be a permanent resident of the state of Iowa at the time of lease. ☐ True ☐ False

2. My net worth is below the maximum allowable net worth. For calendar year 2019 = \$680,590. ☐ True ☐ False

Are all assets valued at fair market value by the lender?

☐ True ☐ False

**Attach a current financial statement from your lender taken within 30 days of submission of the certification, witnessed by the bank officer and signed by all applicants (the applicant's spouse must be included on the financial statement).**

**\*If the applicant, applicant's spouse and/or minor children is involved in a business, partnership, limited liability company, or corporation, either related or unrelated to the applicant's farming operation, a financial statement from this entity must also be submitted with the application.**

\_\_\_\_\_  
Name of Financial Statement Witness

\_\_\_\_\_  
Organization

\_\_\_\_\_  
City

3. I have sufficient education, training or experience in the type of farming for which this lease is requested. ☐ True ☐ False

**Attach the background form or letter describing the education, training or experience of you and your spouse as it relates to farming.**

4. The Project shall be used only for farming by myself, my spouse, and/or minor children, and we will perform the labor and provide the management needed to use the Project for farming. ☐ True ☐ False

5. I have or will have access to adequate working capital, farm equipment, machinery or livestock. ☐ True ☐ False

**Include the following with your certification request or it will be returned as incomplete:**

☐ IADD Certification Form (this form)

☐ Financial Statement of Beginning Farmer and spouse – signed by beginning farmer and witnessed by bank officer (within approx. 30 days)

☐ Financial Statement of Business if applicable - signed by business owners and witnessed by bank officer (within approx. 30 days)

☐ Background Form or Letter from Beginning Farmer including the information described above in #3

When Certification and all supporting documents are complete return via mail, email or fax to:

IOWA FINANCE AUTHORITY

Email: [IADD@iowafinance.com](mailto:IADD@iowafinance.com)

2015 Grand Avenue | Des Moines, Iowa 50312

Fax: 515.725.4901

All of the information I have provided on this certification is true and complete. Also, I understand this certification and any of the documents prepared or submitted in connection with it are "public records" as defined in Section 22.1 of the Iowa Code and are subject to examination, copying, publication or other dissemination by any person.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Beginning Farmer

\_\_\_\_\_  
Signature of Beginning Farmer

\_\_\_\_\_  
Printed Name of Spouse

\_\_\_\_\_  
Signature of Spouse

(Date Received by IADD)

**IOWA AGRICULTURAL  
DEVELOPMENT DIVISION**

**OFFICE USE ONLY**

## CERTIFICATION OF BEGINNING FARMER

I am making my certification in accordance with the qualifications of a beginning farmer as defined in Iowa Code 175.12 and 16.75.

I certify that I have reviewed the above Beginning Farmer and information and hereby certify that he/she:

☐ **DOES** meet the requirements of a Beginning Farmer

☐ **DOES NOT** meet the requirements of a Beginning Farmer

Beginning Farmer Certification will be returned via email to DNR and the above Beginning Farmer when completed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of IADD Agent

\_\_\_\_\_  
Signature of IADD Agent

**THIS CERTIFICATION  
WILL EXPIRE ON  
SEPTEMBER 1, 2020**

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

INITIAL REVIEW:

Reviewed by initials: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

☐ **DOES** meet ☐ **DOES NOT** meet

# Beginning Farmer Background Form

Complete this form or submit a background letter

Print Name of Beginning Farmer: \_\_\_\_\_

1. Describe your experience, training and/or education that will allow you to carry out this farming operation:

2. Who is your ag lender and what arrangement do you have for working capital:

3. Explain your access to adequate machinery and equipment – do you own all the equipment you will need or do you have arrangements to lease or trade labor for equipment?

4. Please provide any additional background information you would like to include:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Beginning Farmer